FORM D

#### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549





# **FORM D**

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix	Prefix Serial							
		]						
	DATE RECEIVED							

SEC 1972 (2-97)

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	05-
Private Placement of Limited Partnership Interests of TWM Equity Opportunity Fund, L.P.	Mall Dro
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	Mall Processing Section
Type of Filing: New Filing Amendment	.II IN 1 0000
A. BASIC IDENTIFICATION DATA	0 Z00R
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  TWM Equity Opportunity Fund, L.P.	Washington, DC
· · · · · · · · · · · · · · · · · · ·	one Number (Including 👸 a Code)
5500 Preston Road, Suite 250, Dallas, Texas 75205	(214) 252-3250
Address of Principal Business Operations (No. and Street, City, State, Zip Code) Telephone Number (Includ (if different from Executive Offices)	ing Area Code)
Brief Description of Business Investment Partnership	
Type of Business Organization	
corporation   Ilmited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: TX  CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	<u></u>
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C. 7	17d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered	Exchange Commission (SEC) on the earlier of the date it is or certified mail to that address
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be phot signatures.	ocopies of the manually signed copy or bear typed or printed
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes the changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.	nereto, the information requested in Part C, and any material
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a pramount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of ATTENTION	recondition to the claim for the exemption, a fee in the proper
Failure to file notice in the appropriate states will not result in a loss of the federal exempted the appropriate federal notice will not result in a loss of an available state exempted predicated on the filing of a federal notice.  Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently variety.	tion unless such exemption is

		A. BASIC IDENTIF	ICATION DATA		
2. Enter the information	requested for the fo	llowing:			
<ul><li>X Each beneficial owner issuer;</li><li>X Each executive officer</li></ul>	r having the power of cor	has been organized within the position of the organized within the position of the porate issuers and of corporate	vote or disposition of, 10% or		
X Each general and man Check Box(es) that Apply:		Thership issuers.  Beneficial Owner	☐ Executive Officer	☐ Director	⊠ General and/or
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	□ Director	Managing Partner
Full Name (Last name first TTG GP Management, In	ic., General Partne				
Business or Residence Add 5500 Preston Road, Suite		Street, City, State, Zip Code)			
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first Tolleson, John C., Preside	ent and Secretary				
Business or Residence Add 5500 Preston Road, Suite	,	Street, City, State, Zip Code)			
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first					
Bennett, Eric W., Vice Pr		ant Secretary Street, City, State, Zip Code)	<u> </u>		<u> </u>
5500 Preston Road, Suite					
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first Perry, Samuel C., Contro		Sagratami			
	iress (Number and :	Street, City, State, Zip Code)			
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	t, if individual)				
Business or Residence Add	dress (Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	t, if individual)				
Business or Residence Add	dress (Number and	Street, City, State, Zip Code)		·	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	t, if individual)	<del></del>			
Business or Residence Add	dress (Number and	Street, City, State, Zip Code)		<u> </u>	

						R IN	EUD»	14710	N ABO	UT O	erron	VC.		
1. H	as the iss	ner sold	or does	the icen	er intend								Yes	No
1. 1.	as the iss	uci 3010			so in Ap							ug.		×
2. V											\$ <u>100</u>	,000.00		
3. D	. Does the offering permit joint ownership of a single unit:										Yes ⊠	No □		
													_	_
	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer										olicable			
												f more than five		
												the information		
	r that bro				•					•				
	ame (Las													
Busine	ss or Res	idence A	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	le)					
Name	of Assoc	iated Br	oker or I	Dealer										
	in Which													4 11 Gr
-					-								U	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[YY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Las	t name f	irst, if ir	dividua	1)									
Busine	ess or Res	idence /	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	ie)					
Name	of Assoc	iated Br	oker or I	Dealer						·				
States	in Which	Person	Listed F	las Solic	ited or I	ntends t	o Solici	Purcha	sers					
(Check	c "All Sta	ites" or o	check inc	iividual	States).		****							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[\$D]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Las	t name f	īrst, if ir	ndividua	l)				·					
Busine	ss or Res	sidence /	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	ie)					
Name	of Assoc	iated Br	oker or I	Dealer										
States	in Which	Person	Listed F	las Solic	ited or I	ntends 1	o Solici	Purcha	sers					
										•••••		***************************************		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HJ)	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
• •			•				- •					- ·		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Enter the aggregate offering price of securities included in this offering and the total amount		
	already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$ 0
	Equity	\$ 0	\$ 0
	• •	Ψ <u> </u>	. \$ <u> </u>
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$0	. \$
	Partnership Interests	\$ <u>76,174,282.00</u>	\$ <u>76,174,282.00</u>
	Other (Specify)	\$0	. \$ <u> </u>
	Total	\$ <u>76,174,282.00</u>	\$ <u>76,174,282.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."		
		Number	Aggregate
		Investors	Dollar Amount
			of Purchases
	Accredited Investors	78	\$ <u>76,174,282.00</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of	Dollar Amount
		Security	Sold
	Rule 505	N/A	. \$ <u>N/A</u>
	Regulation A	N/A	\$ <u>N/A</u>
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N/A	. \$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securithis offering. Exclude amounts relating solely to organization expenses of the issuer. The information be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ation may	
	Transfer Agent's Fees		\$ <u> </u>
	Printing and Engraving Costs		<b>\$</b> 0
	Legal Fees.		\$ 10,000
	Accounting Fees		\$ 0
	-		\$ 0
	Engineering Fees		· · · · · · · · · · · · · · · · · · ·
	Sales Commissions (specify finder's fees separately)		\$ <u> </u>
	Other Expenses (identify)		\$0
	Total	X	\$ 10,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	and total expenses furnished in respons	regate offering price given in response to Part C-Questice to Part C-Question 4.a. This difference is the "adjusted	d gross			\$ <u>76,164,282.00</u>
5.	each of the purposes shown. If the amo	ed gross proceeds to the issuer used or proposed to be used that for any purpose is not known, furnish an estimate are. The total of the payments listed must equal the adjustence to Part C-Question 4.b. above.	nd			
				Of Dire	ments to fficers, ectors, & filiates	Payments To Others
	Salaries and fees			<b>s</b>		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and in	stallation of machinery and equipment		\$		\$
	Construction or leasing of plant b	ouildings and facilities		\$		\$
		including the value of securities involved in this offering assets or securities of another issuer pursuant to a merge		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$
	Other (specify) (investments)			\$	⊠	\$ <u>76,164,282.00</u>
	Column Totals			<b>s</b>	×	\$ 76,164,282.00
	Total Payments Listed (column to	otals added)			\$ <u>.76,</u>	164,282.00
		D. FEDERAL SIGNATURE	<u>-</u>			
signa	ture constitutes an undertaking by the iss	gned by the undersigned duly authorized person. If this suer to furnish to the U.S. Securities and Exchange Compactoredited investor pursuant to paragraph (b) (2) of Ru	mission,	filed und upon wri	der Rule 50 itten reque	05, the following st of its staff, the
	er (Print or Type)		Date	?	<del>-</del>	
TW	M Equity Opportunity Fund, L.P.	Sandl Clay	June ]	<b>2</b> , 2008		
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
San	nuel C. Perry	Controller and Assistant Secretary of TTG GP Ma	nagemen	t, Inc., C	eneral Par	tner
		ATTENTION				
	Intentional misstatements or	omissions of fact constitute federal criminal vi	olations	. (See	18 U.S.C	. 1001).

		E. STATE SIGNATURE							
1.		oresently subject to any of the disqualification provisions of such Yes No							
	See Appendi	ix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes t (17 CFR 239.500) at such times as required	to furnish to any state administrator of any state in which this notice is filed, a notice on Form D I by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.		issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited which this notice is filed and understands that the issuer claiming the availability of this nat these conditions have been satisfied.							
	e issuer has read this notification and knows t dersigned duly authorized person.	the contents to be true and has duly caused this notice to be signed on its behalf by the							
Iss	uer (Print or Type)	Signature Date							
Ţν	VM Equity Opportunity Fund, L.P.	June 32008							
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)							
Sa	Samuel C. Perry Controller and Assistant Secretary of TTG GP Management, Inc., General Partner								

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX**

1	:	2	3	3 4					
	non-accinvestors (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
AL									
AK									
AZ									
AR									
CA									
со							-		
СТ							-		
DE									
DC									
FL		<del></del>							
GA									
ні									
ID									
IL									
IN			:						
IA									
KS					I.				
KY									
LA									
ME									
MD		No	Limited Partnership Interests \$975,000	2	\$975,000	0	\$0	No	
MA			,						
MI									
MN									
MS		<u> </u>							
	J	L						<u>.</u>	

# APPENDIX

1		2	3		4	<del></del>		5	
	non-ac investor (Pa	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
МО			·						
MT								-	
NE									
NV									
NH					,,				
NJ									
NM				•••					
NY		No	Limited Partnership Interests \$1,180,000	2	\$1,180,000	0	\$0	No	
NC		No	Limited Partnership Interests \$1,450,000	1	\$1,450,000	0	\$0	No	
ND					· ··				
ОН	1								
ОК						"	41		
OR									
PA		No	Limited Partnership Interests \$950,000	1	\$950,000	0	\$0	No	
RI									
SC									
SD									
TN									
TX		No	Limited Partnership Interests \$70,894,282	72	\$70,894,282	0	\$0	No	
UT									

## **APPENDIX**

1		2	3	4				
	non-ac investor (Pa	to sell to ecredited es in State art B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	regate price n state C- Type of investor and amount purchased in State				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
VT								
VA								
WA								
wv								
WI								
WY								
PR								

